

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030789

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 143Primary Registration District No. 5560Registrar's No. 67

STATE FILE NUMBER

FILED AUG 27 1962

1. PLACE OF DEATH

a. COUNTY

HOWELL

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

STERLING

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Howell

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Rt.3 Willow Springs, Mo.

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

Rt.3 Willow Springs

(If outside, give location)

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

ASA

Middle

C.

Last

LILLIE

4. DATE
OF
DEATH

Month

Aug.

Day

13,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/4/81

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Preaching

10b. KIND OF BUSINESS OR INDUSTRY

Minister

11. BIRTHPLACE (City and state or country)

Miami Co. Kan.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Calvin Lillie

13b. MOTHER'S MAIDEN NAME

Maggie Tuggle

14. NAME OF HUSBAND OR WIFE

Edith M. Lillie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. E. M. Lillie Rt. 3 Willow Springs

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

myocarditis - asthma

DUE TO (c)

arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

senility

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-26-56 to 8-13-62 and last saw him alive on 8-6-62
Death occurred at 5:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Harold W. Miller MD.

22b. ADDRESS

Willow Springs, Mo.

22c. DATE SIGNED

5-16-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8/15/1962

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

Willow Springs, Mo.

(State)

24. FUNERAL DIRECTOR

T.R. Burns

ADDRESS

Willow Springs, Mo.

25. DATE RECD. BY LOCAL REG.

8/20/62

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1 0460

2 0460

3 1

4 0

5 1

6

7 1

8 2

9 4201

10

11

12 90-0

13 3-0

NOV 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. R. Burned

Licensed Embalmer No. 4214

P. O. Address Willow Springs Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.